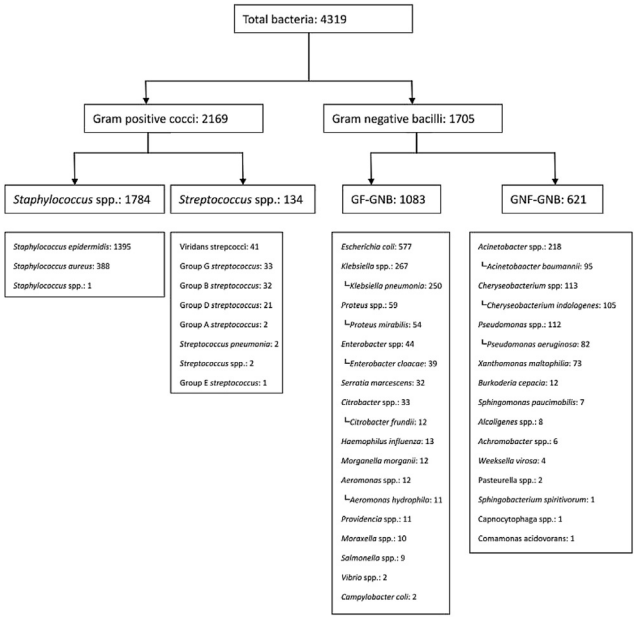
environmental sampling, including hand of doctor and nurse, bedside and disinfectants. However no *Chryseobacterium* spp. could be yielded from environmental samples. We traced the patients with *Chryseobacterium* yielded from blood culture but no obvious infection focus was noted.



Conclusion: Unusual number of *Chryseobacterium* from the blood culture result was found but negative in environmental sampling or infection focus survey.

PS 1-103

THE PRELIMINARY SURVEY FOR THE SURVEILLANCE OF *HAEMOPHILUS INFLUENZAE*(H. *INFLUENZAE*) IN A REGIONAL HOSPITAL FROM MAY TO AUGUST,2014

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Purpose: The hospital isolated H. influenzae from sputum specimen from May to August, 2014 and the isolation rate grew exponentially when comparing with that(0.33%) in the same period of the past two years. For realizing the situation, patients' general conditions were collected to be as the reference of epidemic prevention measures.
Methods: The survey was carried out retrospectively, by collecting the data of the patients who were examined H. influenzae out of sputum specimen. The data included their origins, ages, the causes of disease, and antibiotic sensitivities.
Results: 23 patients infected H. influenzae which was cultured from sputum and the isolation rate was 1.52%(23/1512). The patients from long-term care centers accounted for 39.1%(9/23). Their average age was 65 and males were vast majority(78.3%). Clinically, lower respiratory tract infection was 69.6%(16/23). The minor one, Chronic obstructive pulmonary disease, was 13.0%(3/23). None of them belonged to the cases of healthcare-associated infection. The test of the antibiotic sensitivities showed the top three of drug resistance were Bactar(52.2%), Levofloxacin(43.5%), and Ampicillin(30.4%).
Conclusions: Although H. influenzae commonly appears in the respiratory tract and belongs to opportunistic infection, it can cause the disease when hypoimmunity or it breeds numerously. Secondary respiratory tract infection may happen to the elderly people aged over 65. Its spreading way is droplet infection. Therefore, the chance to cause the disease will increase obviously if one lives in crowded environment.
The survey shows the cases belong to community-acquired infection or colonization. It is also discovered the uptrend of cases from May to August are different from what is recorded in documents mentioning H. influenzae occurs mostly in double peaks, February to April and October to November. People are recommended the importance of adopting measures to protect respiratory tract, maintaining a clean environment, and hand hygiene in order to avoid the pathogen spreading.

PS 1-104

ELIZABETHKINGIA MENINGOSEPTICUM OUTBREAK AMONG PATIENTS USING MECHANICAL VENTILATOR IN A MEDICAL INTENSIVE CARE UNIT OF A HOSPITAL IN NORTHERN TAIWAN

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Purpose: *Elizabethkingia* spp. are opportunistic pathogens often found associated with ventilator-associated pneumonia and bacteremia. We aimed to investigate the source of outbreak in nine patients in a medical intensive care unit (MICU) with mechanical ventilator use.
Methods: From December 1st, 2010 to January 31, 2011, all infections caused by *Elizabethkingia meningosepticum* in the medical intensive care units were investigated. Patient data were collected from medical records. Environmental samples were obtained from various sites in MICU. Pulsed-field gel electrophoresis (PFGE) was performed to determine the clonal relationship between isolates and the potential route of transmission.
Result: Fourteen *E. meningosepticum* (9 from patients and 5 from environmental samples) were isolated. The five positive environmental samples included two from the inner surface of a faucet, two from ventilator outlet tubing, and 1 from a humidifier bottle. Three related pulse-field gel electrophoresis patterns were identified in patient isolates, which were consistent with environmental isolates. The typing results confirmed rinsing respiratory circuit devices with tap water could be the source of an outbreak. After discontinuing the techniques and infection control interventions, no further clusters of *E. meningosepticum* infection were detected in the same unit.
Conclusion: This study emphasizes the need to insist on the use of sterile water in ICUs to rinse ventilator circuits. Routine water sampling is recommended in high-risk patient care areas.

PS 1-105

INVESTIGATION OF A CLUSTER OF *BULKHOLDERIA CEPACIA* COMPLEX INFECTION IN A PEDIATRIC INTENSIVE CARE UNIT

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Purpose: Background: *Bulkholderia cepacia* complex (Bcc) is a group of ubiquitous gram-negative aerobic bacilli found in plants, soil, and moist environments. Bcc is well described as a cause of respiratory infections in patients with cystic fibrosis and chronic granulomatous disease. Bcc bacteremia and nosocomial pneumonia have also been observed in intensive care patients as sporadic cases or during outbreaks, but rarely reported in pediatric ICU.
The outbreak: During September 15, 2012 and October 17, 2012, four pediatric cases of healthcare-associated B. cepacia complex infection, two with bacteremia and two with pneumonia, were identified in our PICU, in where none had this microorganism HA infection in previous six months. We conducted an investigation and intervention procedures.
Methods: Investigation and interventions: Prior to Bcc infection, three of these 4 cases ever received a bronchoscope examination. On October 23, we obtained 54 specimens from environmental objects and instruments, including 16 specimens from the bronchoscope examination room, 31 specimens from PICU and 7 specimens from respiratory therapy department, and sent them for detection of this organism. Hand hygiene, environmental cleaning and disinfection, and cleaning and disinfection procedures for bronchoscope were augmented.
Results: None of the 54 specimens yielded Bcc but glucose non-fermentous bacilli and Enterobacteriacea were identified from 4 specimens, including inner surface of bronchoscope washing machine, post-filtration water, one